| PATENT APPLICATION FEE DETERMINATION REC  |  |   |   |                               |                     |                               |   | Application or Docket Number |                        |    |                            |                        |  |
|---|--|---|---|-------------------------------|---------------------|-------------------------------|---|------------------------------|------------------------|----|----------------------------|------------------------|--|
| CLAIMS AS FILED - PART I  (Column 1) (Column 2)   |  |   |   |                               |                     |                               |   | SMALL ENT                    | 1TY                    | OR | OTHER                      |                        |  |
| U.S.  | NATIONAL S                                     | STAGE FEES                                      |   |                               |                     |                               |   | RATE                         | FEE                    |    | RATE                       | FEE                    |  |
| BASIC FEE   |  |   | SMALL ENT. = \$ 150                                 |                               | LARG                | E ENT. = \$ 300               |   | BASIC FEE                    |                        | OR | BASIC FEE                  |                        |  |
| EXAMINATION FEE   |  |   | Satisfies PCT Article 33(1)-<br>(4) = \$50 / \$ 100 |                               | i .                 | her situations = 100 / \$ 200 |   | EXAM. FEE                    |                        |    | EXAM, FEE                  |                        |  |
| SEARCH FEE  |  |   | U.S. is ISA = \$ ALL other co. \$ 200 / \$          | 50 / \$ 100<br>intries =      |                     | her situations = 250 / \$ 500 |   | SEARCH FEE                   |                        |    | SEARCH FEE                 |                        |  |
| FEE   | FOR EXTRA S                                    | PEC. PGS.                                       | min   | us 100 =                      |                     | /50=                          |   | X \$ 125 =                   |                        |    | X \$ 250 =                 |                        |  |
| TOTAL CHARGEABLE CLAIMS   |  |   | 27 mi   | nùs 20 =                      | •                   | 7                             |   | X \$ 25 =                    |                        | OR | X \$ 50 =                  |                        |  |
| INDE  | PENDENT CL                                     | AIMS  | minus 3 = .   |                               |                     |                               |   | X \$ 100 =                   |                        | OR | X \$ 200 =                 |                        |  |
| MUL   | TIPLE DEPEN                                    | DENT CLAIM PRE                                  | SENT  |                               |                     |                               |   | + \$ 180 =                   |                        | OR | + \$ 360 =                 |                        |  |
| * If the difference in column 1 is less than zero, enter *0" in column 2  |  |   |   |                               |                     |                               |   | TOTAL                        |                        | OR | TOTAL                      |                        |  |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)  |  |   |   |                               |                     |                               |   | SMALL ENTITY                 |                        | OR | OTHER THAN<br>SMALL ENTITY |                        |  |
| AMENDMENT A   | 121414   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT       |   | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>DUSLY        | PRESENT<br>EXTRA              |   | RATE                         | ADDI-<br>TIONAL<br>FEE |    | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | . 27  | Minus   | - 2                           | Ó                   | - 7                           |   | X \$ 25 =                    |                        | OR | X \$ 50 =                  | 350.                   |  |
|   | Independent                                    | . 2   | Minus   | <del>~</del> 3                |                     | 8                             |   | X \$ 100 =                   |                        | OR | X \$ 200 =                 |                        |  |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |   |                               |                     |                               |   | + \$ 180 =                   |                        | OR | + \$ 360 =                 |                        |  |
|   |  |   |   |                               |                     |                               |   | TOTAL ADDIT.<br>FEE          |                        | OR | TOTAL ADDIT.<br>FEE        | 350,0                  |  |
|   |  | (Oakses 4)                                      |   | (Ċotun                        | na 2)               | (Column 3)                    |   |                              |                        |    |                            |                        |  |
| AMENDMENT B   |  | (Column 1)  CLAIMS  REMAINING  AFTER  AMENDMENT | ·   | HIGH<br>NUMI<br>PREVIO        | EST<br>BER<br>OUSLY | PRESENT<br>EXTRA              |   | RATE                         | ADDI-<br>TIONAL<br>FEE |    | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | •   | Minus   | **                            |                     | s                             |   | X \$ 25 =                    |                        | OR | X \$ 50 =                  |                        |  |
|   | Independent                                    | •   | Minus   | ***                           |                     | 5                             | ı | X \$ 100 =                   |                        | OR | X \$ 200 =                 |                        |  |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT OF    |   |   |                               | CLAIM               |                               |   | + \$ 180 =                   |                        | OR | + \$ 360 =                 |                        |  |
|   |  |   |   |                               |                     |                               |   | TOTAL ADDIT.<br>FEE          |                        |    |                            |                        |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20".  *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3".  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |   |   |                               |                     |                               |   |                              |                        |    |                            |                        |  |